

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street)

1875 'I' Street, NW☐(Check if address
is changed)**Twelfth Floor****Washington****DC****20006**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2027851756

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	6

3. FEC IDENTIFICATION NUMBER

C C00401299

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Kathleen Smith

Signature of Treasurer

Electronically Filed by **Kathleen Smith**

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

RCG PAC

Mailing Address

2525 WEST END AVENUE SUITE 600

NASHVILLE

TN

37203

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Fresenius Medical Care North America PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Kathleen Smith**

Mailing Address **1875 Eye Street, N.W.**

12th Floor

Washington **DC** **20006** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **202** - **466** - **6550**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Kathleen Smith**

Mailing Address **1875 Eye Street, N.W.**

12th Floor

Washington **DC** **20006** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **202** - **466** - **6550**

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Wachovia Bank		
Mailing Address	Fern Street		
	Alexandria	VA	22302 -
	CITY ▲	STATE ▲	ZIP CODE ▲